Abstracts

P189 ISCHEMIC STROKE: THROUGH ADAPTED CLINICAL GUIDELINE TO LOCAL CLINICAL PROTOCOLS

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Background The health care system of Ukraine required improvement in treatment of stroke patients based on evidence present in GIN.

Objectives To compare Ukrainian treatment practices with the best strategies for stroke management and to improve quality of health care on the basis of the identified differences.

Methods Multidisciplinary working group has prepared adapted guidelines “Modern principles of diagnosis and management of patients with acute ischemic stroke and TIA”, “Recommendations for the management of patients with ischemic stroke and TIA”, “Rehabilitation, prevention and management of complications and discharge planning in ischemic stroke” with regard of the evidence-based strategies for stroke treatment. Simultaneously, unified clinical protocols of medical care “Ischemic stroke” and “Systemic thrombolysis for stroke” were developed on the basis of the guidelines and then approved by the Ministry of Health of Ukraine in August 2012.

Results There were identified differences in the stroke treatment in Ukraine compared to the best practice, which resulted in amendments to the corresponding regulations in health care. In order to integrate these changes into clinical practice local protocols and critical pathways for management of stroke are developing in all healthcare facilities taking into account peculiarities of the region and available resources of the hospitals.

Discussion Local protocols comprise evidence-based statements which represent the best practice from clinical guidelines from GIN and other databases.

Implications for Guideline Developers/Users Measures enabling changes in existing medical practice are identified to ensure effective treatment of stroke patients within 4.5 hours after symptoms onset.

P193 ADOPTING NICE GUIDELINES IN OTHER COUNTRIES

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Background Although NICE guidelines are developed to inform clinical practice in England and Wales, they attract interest from researchers, clinicians and healthcare organisations all over the world. This has generated discourse about whether, and to what degree, recommendations from NICE guidelines are applicable to different countries.

Objectives To consider if NICE recommendations should be adapted for use in other countries in terms of differences in health care systems, values and needs? - To discuss the varying approaches to adopting NICE guidelines and recommendations

Methods Using the NICE Intrapartum Care clinical guideline, we will select illustrative examples of recommendations. Factual data and information from one developing country - Islamic Republic of Iran - will be used to evaluate the ease with which these could be implemented. We will consider the Iranian health care setting; economic situation; social values; geographical issues; cultural issues and priority health care policies.

Results We will present the findings in three categories corresponding to the ease with which NICE recommendations can be implemented in another country.

Discussion A focused discussion will centre on - whether adopting NICE guidelines and recommendations outside of England and Wales is feasible - what additional work may be needed to carried out to facilitate this process - the ethics of such activity in terms of self-reliance and research capacity.

Implications for Guideline Developers/Users This project will identify areas where existing guidance can be shared across borders thereby reducing duplication of effort; facilitating
international collaboration and building capacity in guideline development methodology and implementation.

**UPDATING THE EVIDENCE FOR CPGS: THE USEFULNESS OF RSS FEEDS**


**Background** Scientific knowledge is in constant evolution and even if Clinical Practice Guidelines (CPGs) get out of date in five years time, there is a lack of standardised method for an efficient updating process.

**Objectives** The aim of this study is to evaluate guideline adherence regarding treatment policy for couples with unexplained infertility. In 54% of the couples the prognostic model was used. In 69% of the couples the right treatment decision was primarily made. However, ultimately, 41% of all couples received unnecessary treatment.

**Discussion** This study shows that adherence to the guideline regarding treatment policy is not optimal. Despite the guideline recommendations, more than one third of couples are exposed to unnecessary treatment and risks.

**Implications for Guideline Developers/Users** Implementation of the guideline is not optimal. To improve guideline implementation a multifaceted strategy has to be developed and evaluated.

**METHODS**

**Methods** In this retrospective study, we assessed guideline adherence with regard to 1) the use of the prognostic model and 2) the right treatment decision. Data were collected from medical records.

**Results** In this abstract we present the preliminary data of ten clinics. At the GIN conference we will have the results of all 25 participating clinics. So far we included 208 couples with unexplained infertility. In 54% of the couples the prognostic model was used. In 69% of the couples the right treatment decision was primarily made. However, ultimately, 41% of all couples received unnecessary treatment.

**Discussion** This study shows that adherence to the guideline regarding treatment policy is not optimal. Despite the guideline recommendations, more than one third of couples are exposed to unnecessary treatment and risks.

**Implications for Guideline Developers/Users** Implementation of the guideline is not optimal. To improve guideline implementation a multifaceted strategy has to be developed and evaluated.

**Abstracts**

**THE CHALLENGES FOR AN ALCOHOL AND DRUG EDUCATION GUIDELINE FOR COMMUNITY HEALTH WORKERS**

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**Introduction** There is a need to train and develop a guideline for Community Health Workers (CHW) on how to tackle alcohol and drugs problem.

**Objective** To identify the profile and mental health problems of CHW and how they manage drug problem.

**Methodology** A descriptive study was performed and data collected from all CHW who work at Primary Health Care of Passo Fundo (Brazil). A Self Report Questionnaire (SRQ) was collected to screen mental health on CHW and scores higher than 7 were identified as positive for mental health problem. Their knowledge about drugs was also collected using a standard questionnaire. The Project was approved by the Passo Fundo University IRB. Descriptive statistics were applied.

**Results** All 78 CHW were women, age 41.1 ± 9.6 years old, 57.7% have completed high school level, 69.2% were married and 98.7% were from lower social class. Half of the CHW were sedentaries, 32% were smokers, 93.6% did not report alcohol dependency, although 59% reported to have a member of their family as having drug or an alcohol problem. They reported that alcohol and drug is a major problem in the community. There were 29.5% of CHW who have SRQ score higher than 7. The mean grade of the knowledge test was 34%.

**Conclusion** There is a need to develop a guideline on alcohol and drugs problem for CHW. The profile of CHW had shown a high level of psychiatric problems and lack of basic information.

**SUICIDE RISK ASSESSMENT ACCORDING TO BEST PRACTICE GUIDELINES: THE DEVELOPMENT OF A CHART AUDIT PERFORMANCE MEASURE**

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**Objective** To identify the profile and mental health problems of CHW and how they manage drug problem.

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**Conclusion** There is a need to develop a guideline on alcohol and drugs problem for CHW. The profile of CHW had shown a high level of psychiatric problems and lack of basic information.